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Division of Women, Children & Sexual Health Services

How can I help to reduce healthcare associated infections?

Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming into and after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

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Antenatal Perineal Massage

Information for women

Patient information leaflet

If you want this leaflet in another language or alternative format please ask your Community Midwife

Safe & compassionate care,

every time

Antenatal Perineal Massage

As you approach the birth of your baby, perineal massage may help reduce the chance of tears or an episiotomy (a cut to the area between the vagina (front passage) and rectum (back passage). This leaflet explains the reasons and benefits of performing perineal massage and how it is performed.

What is the perineum?

Your perineum is the area between your vaginal opening and your rectum (back passage). It includes the skin and your pelvic floor muscles. Your pelvic floor muscles act like a hammock to support organs such as your bladder, bowel and uterus (womb).

What are the benefits of perineal massage?

Studies have shown that massaging the perineum helps make it more stretchy at the time of birth and so reduces the chance of tearing or an episiotomy (a surgical cut) being needed.

Perineal Trauma

Your perineum can be injured during the birth of your child. This is called 'perineal trauma'. It can be caused by:

1. the natural stretching of your perineum during birth, to allow your baby's head and body to be born, which causes it to tear
2. a surgical cut called an episiotomy, made by your Midwife or Doctor, to make more space for your baby's birth.

You will have an episiotomy only if you consent and it is needed to help you and/or your baby. About 8 in 100 (8%) of women in the UK giving birth vaginally have an episiotomy. If you have one, you will be given a local anaesthetic to numb the area before the episiotomy is performed.

Useful Contact Numbers

Stoke Mandeville Labour Ward—01296 316103

Stoke Mandeville Community Midwives— 01296316120

Wycombe Birth Centre—01494 425520

Wycombe Community Midwives 01494 425172

We continually strive to improve the quality of information given to patients. If you have any comments or suggestions regarding this information booklet, please contact:

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Buckinghamshire
HP21 8AL

Concentrate on relaxing your pelvic floor muscles during the massage. This will help to stretch the perineum. With time and practice, the perineum will stretch more.

The massage should not be painful. If you experience any pain, check with your Midwife. Massaging the perineum should not lead to weak pelvic floor muscles. It should help you gain more control over it, by enabling you to relax it when you want to.

Pelvic floor exercises

It is important to remember that the massage is one way of protecting your pelvic floor. Pelvic floor exercises are another helpful technique that you should be practicing in pregnancy. You should aim to contract these muscles and hold the contraction to the count of 10. You should do 3 sets of 8 contractions every 24 hours. Remember, 3 sets, 8 contractions, every 24 hours (3 X 8 = 24). This will help strengthen your pelvic floor to avoid stress incontinence of urine (leakage of urine on coughing and sneezing) later in life.

If you have any further questions please discuss with your Community Midwife.

What are the chances of me experiencing perineal trauma?

About 85% of women tear the skin or muscle of their perineum when they give birth vaginally. It is also normal for your vagina and perineum to be bruised and stretched when you give birth. Most of the tears experienced during birth are either:

- first-degree tears, where only your perineal skin is injured
- second-degree tears, where your perineal muscles and skin are injured

These are equivalent to having an episiotomy. Overall, 3% of women who tear have more complicated injuries. These may be:

- third-degree tears, where the injury runs from your vaginal wall and perineum to the muscle that controls your anus (anal sphincter)
- fourth-degree tears, where the injury runs further into the lining of your anus or rectum

Third and fourth-degree tears are more common if it is your first vaginal birth than if you have had a vaginal birth before.

What increases my risk of 3rd and 4th degree tears?

It is hard to predict what will cause a third or fourth degree tear, but there are some things that increase the risk. These include:

- having a large baby (more than 4kg / 8.8lbs)
- a quick labour and birth, because there is less time for your perineal muscles to stretch
- a long pushing (second) stage of labour, because your perineal muscles get tired
- your baby's back lying towards yours (back to back)
- having a forceps births, because of the extra space needed to insert the forceps
- difficulty with your baby's shoulders being born (shoulder dystocia).

How can I reduce my chance of perineal trauma?

There are a number of things you can do while you are pregnant and during labour to reduce your risk of tearing or needing an episiotomy.

During pregnancy the most useful thing you can do is perineal massage. This helps the muscle and skin to stretch more easily during vaginal birth. It may also help you to know your body better and prepare you for the feeling of pressure and stretching that you will feel during the birth. Regular perineal massage from 34 weeks of pregnancy makes you less likely to need an episiotomy or to have a tear that needs stitches, particularly if this is your first vaginal birth.

During labour and birth keep mobile or in an upright position. Gravity will help your baby move downwards in the birth canal. Try to choose a position that is comfortable.

Your Midwife will offer to put warm compresses on your perineum during the second stage of labour as your baby's head begins to stretch your perineal area.

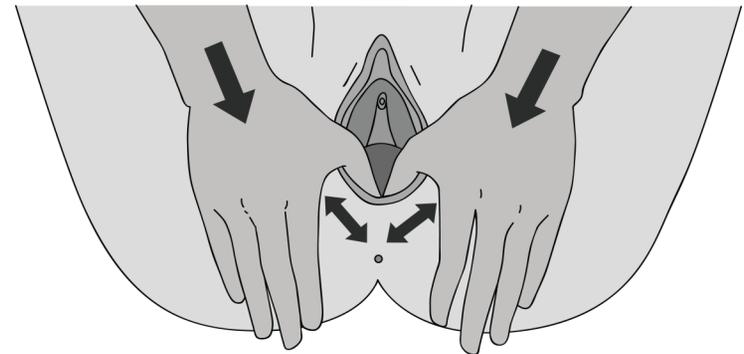
During the birth, your Midwife will be able to work with you to control and slow the birth of your baby's head and shoulders. Doing this can reduce the risk of severe perineal trauma by up to 50%.

Your Midwife or Doctor will talk to you if they think you need an episiotomy. If you need forceps to deliver your baby then you will be recommended to have an episiotomy to make more space. Your consent will always be obtained before an episiotomy is performed. Specially designed surgical scissors (episcissors) are used which reduce the risk of third and fourth degree tears. Your perineum will need to be stitched afterwards and you will be given local anaesthetic to numb the area before this takes place.

How is perineal massage done?

Perineal massage should not be used if you have vaginal thrush, a urinary tract infection or genital herpes, as you will need to have these conditions treated first. You can start once these have been treated. Please check with your Midwife if you are unsure.

Perineal massage should be performed daily for 5-10 minutes from 34 weeks gestation. If it helps, you can use a mirror for the first few times until you become familiar with the technique.



Technique of perineal massage. Place the thumbs up to the second knuckle into the vagina. Make sweeping movements downwards and back again, as shown in the drawing. These movements will stretch the perineum [area between the vagina and rectum].

It might be more comfortable to perform the massage after taking a bath. Some women are comfortable with their partner performing the perineal massage for them.

Before you start your perineal massage, ensure your hands are washed that you are in a comfortable position. You may find sitting on a chair, lying down in bed or standing with one foot raised on a stool comfortable. You can use a lubricant such as oil (almond, olive or vitamin E) or a water-soluble jelly, such as K-Y jelly. If you are doing the massage yourself, use your thumbs, as shown in the drawing. If your husband/partner is doing it, they can use their index fingers.